

**SPE RESPONSE FOR CERTIFICATE OF CORRECTION**

**DATE**

**TO SPE OF**

**ART UNIT**

**SUBJECT**

Please respond to this request for a certificate of correction within 7 days.

**FOR IFW FILES:**

Please review the requested changes/corrections as shown in the COCIN document(s) in the IFW application image. No new matter should be introduced, nor should the scope or meaning of the claims be changed.

Please complete the response (see below) and forward the completed response to scanning using document code COCX.

**FOR PAPER FILES:**

Please review the requested changes/corrections as shown in the attached certificate of correction. Please complete this form (see below) and forward it with the file to:

**Certificates of Correction Branch (CocC)**

**Randolph Square - 9D10-A**

**Palm Location 7580**

*Virginia Gilbert*

**Certificates of Correction Branch**

**571-272-0460**

**Thank You For Your Assistance**

The request for issuing the above-identified correction(s) is hereby:

Note your decision on the appropriate box.

☒ **Approved**

☐ **Approved in Part**

☐ **Denied**

Specify below which changes do not apply.

All changes apply.

State the reasons for denial below.

**Comments:**

Please accept changes made in

*Accepted*

*1/28/2010*